

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2006</b>
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NAME OF PROVIDER OR SUPPLIER

**BERRYMAN REHABILITATION CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**2045 SILVERADA BLVD.**

**RENO, NV 89512**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 11/8/06 and finalized on 11/9/06.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following complaint was investigated:  Complaint #NV00013372 alleged that a resident had been physically abused by an employee. The complaint was substantiated with federal deficiencies cited. See Tags F224, F226, F492.  The following deficiencies were identified.	F 000	<b>This Plan of Correction (POC) is being submitted pursuant to the applicable Federal and State Regulations. Nothing contained herein shall be construed as an admission that the Facility violated any Federal or State Regulations or failed to follow any applicable Standards of Care.</b>  <b>As a Result of a Self-reported Incident by Berryman Rehabilitation Center, this Statement of Deficiencies was generated.</b>	
F 224 SS=G	483.13(c) STAFF TREATMENT OF RESIDENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by:  Based on record review, policy review, review of the facility's investigation, staff and resident interviews, and observation, it was determined that the facility failed to follow the facility's abuse and neglect policy and procedure in order to ensure that 1 of 1 residents was not abused.	F 224	<b>Responses in our Plan of Correction are cross-referenced to the appropriate deficiency. Please refer to the attached pages following each deficiency in this Plan of Correction.</b>	12/1/06 B

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1 (Resident #1)</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 11/22/05, with diagnoses including chronic obstructive pulmonary disease, hypertension, and aortic stenosis. Record review of 11/8/06, revealed that she was 85 years old and required continuous oxygen due to lung disease. Her minimum data set (MDS), dated 8/24/06, indicated she had modified independence in decision making and had some short term memory loss. The MDS indicated the resident was able to recall staff names and faces</p> <p>Resident #1 was interviewed on 11/8/06, at 2:00 PM. The resident reported that the incident occurred at approximately 12 midnight. She reported that a black man wearing a cap on his head entered her room and told her he wanted to change her incontinence pad. She stated she told him she did not want him to change her pad and would wait until later. She said he immediately grabbed her legs and turned her legs into the side rails of the bed. She reported that her leg went through the opening of the rail causing pain. She stated she thought she was going to fall onto the floor. She said she began to yell "no" and "stop". She reported she kicked and struck out but the man held her arms down. She reported that there was a woman in the room at the same time the man held her down.</p> <p>Resident #1 reported that she was in pain from her knee injury. She said she put her call light on for help several times throughout the 11 PM to 7 AM shift due to the pain she felt in her knee. She said each time she put the light on the same</p>	F 224			

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BUREAU OF LICENSURE  
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F 224	<p>Continued From page 2</p> <p>CNA's answered. She said she was too afraid to ask them for help. She reported that the nurse never entered her room during the shift and she had to wait for the day shift to report her pain and get help.</p> <p>She reported the incident caused large bruises on her left knee and thigh. She reported severe bruising of her wrists from being held down. Fading bruises were noted on her bilateral wrists and a large bruise approximately 6"x 6" was noted on her left thigh extending down to her left knee.</p> <p>LPN #2 was interviewed on 11/8/06, at 2:00 PM. He reported that the resident told him of the incident on the day shift of 10/26/06. He stated that the resident had obvious severe bruising of her bilateral wrists and a large bruise on her left knee and thigh. He reported that the bruises on her wrists were the size of his thumbs and looked like thumb prints.</p> <p>Both LPN #2 and the Assistant Director of Nurses were asked if pictures or measurements had been taken of the bruises. They reported that photographs were not taken of the bruises and they were unable to find evidence that the bruises were measured by nursing staff. The director of nurses (DON) later confirmed that no photographs were taken.</p> <p>The Ombudsman from the Division of Aging was contacted via phone on 11/9/06, at 8:45 AM. She reported that she visited and interviewed Resident #1. She stated that the resident had bruises on her wrists and was bruised deeply from the groin, down the thigh, to her left knee. She described the bruises as "unbelievable."</p>	F 224			

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F 224	<p>Continued From page 3</p> <p>On 11/8/06, at 8:55 AM, the director of nurses (DON) was interviewed. She revealed that on 10/26/06, Resident #1 reported she was injured by a male worker during the night shift. The DON stated that the resident reported she told a male CNA that she did not want her incontinence pad changed but the CNA forcibly changed the pad. The DON reported the CNA flipped the resident's legs over and into the side rail causing pain and severe bruising. The resident told the DON the CNA held her down by her wrists.</p> <p>The DON reported that the resident was very distressed about the incident and did not want the employee to care for her again. She stated that bruising was noted on the left knee and thigh and also on the resident's bilateral wrists and forearms.</p> <p>The DON reported that she interviewed CNA #1 on 10/26/06. She reported that the employee described Resident #1 as a difficult change and he confirmed that the resident told him not to touch her. The DON reported that the employee confirmed that the resident stated "no", "don't" and "don't touch me" while he was changing her. He reported that another CNA assisted him with the pad change and that the resident was swinging and kicking during the pad change.</p> <p>The DON reported that CNA #2 was from a contracted nursing agency and was present in Resident #1's room during the incontinence pad change. She reported that the facility social worker interviewed CNA #2 via phone. The social worker's documentation of the interview indicated CNA #1 held the resident while CNA #2 changed her. CNA #2 reported that the resident was kicking and screaming and they were trying not to</p>	F 224			

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F 224	<p>Continued From page 4</p> <p>be hit. The CNA indicated that the staff were notified of the resident's behavior and were told to do the best they could.</p> <p>The facility social worker also interviewed the nurse who was on duty at the time of the incident. The licensed practical nurse (LPN #1) was from a contracted nursing agency. Documentation of the phone conversation indicated that CNA #1 and CNA #2 informed him that the resident was very combative. According to LPN #1, Resident #1 did not like black aides and was agitated and calling out all night.</p> <p>The resident's record was reviewed on 11/8/06. The record revealed only one entry pertaining to the 11 PM to 7 AM shift on 10/26/06. The note was identified as a late entry and indicated that Resident #1 was combative during care and that the CNA's worked as a team when providing care. The record did not indicate that the nurse had assessed the emotional or physical well being of the resident at any time during the shift.</p> <p>The DON reported that CNA #1 was suspended on 10/26/06, the day the resident reported the incident. She reported that he was terminated on 11/3/06. She reported that she informed the contracted nursing agency that LPN #1 and CNA #2 would not be permitted to work at the facility again.</p> <p>The DON was asked for the names of the contracted nursing agency workers. She stated that the facility did not know the last names of any of the contracted agency employees. She stated that the facility would have to call the agency to obtain the last names of the workers. She also stated the facility did not maintain any files on the</p>			F 224			

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F 224	<p>Continued From page 5 agency workers.</p> <p>On 11/8/06, CNA #1's personnel files were reviewed. His first employment at the facility was from 7/1/05 to 8/31/05. The file contained two sets of fingerprints dated 7/1/05, however, no results of the criminal background checks were found. The file from his 9/5/06 to 11/3/06 employment revealed that no fingerprints were taken for criminal background screening.</p> <p>The personnel records revealed the employee signed a release authorizing the facility to check his references each time he was hired. The employee's file including the telephone reference check lists contained no evidence that CNA #1's former employers were ever contacted in an effort to determine any history of abuse, neglect or mistreatment of residents.</p> <p>Five additional employee personnel files (#2, #3, #4, #5, #6) were chosen at random and reviewed. Although the five files contained evidence that fingerprints and screening of the prints were completed in a timely fashion, no files contained evidence that references were checked by the facility.</p> <p>Review of the facility's abuse neglect and misappropriation of property policy indicated that pre-employment background screening, including fingerprinting of licensed personnel, was mandated, for the prevention of possible resident abuse. The policy's implementation date was 8/16/06 and revised on 10/5/06.</p> <p>The review of CNA #1's personnel files did not indicate he received dementia training, as required by Nevada State Law (NAC 449.681).</p>	F 224			

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F 224	<p>Continued From page 6</p> <p>The law requires that employees receive dementia training within 30 days of hire. Dementia training was required to include appropriate interventions to deal with aggressive and other difficult behaviors.</p> <p>The facility's abuse, neglect and misappropriation of property policy indicated that all new and current employees shall receive on-going in-service training to reinforce identification of all aspects of abuse as well as identifying potential victims. CNA #1 did receive the facility's abuse policy but did not receive training designed to prevent resident abuse.</p> <p>The administrator and the DON were interviewed on 11/8/06, at approximately 1:20 PM. They confirmed that it was their policy to conduct reference checks and to fingerprint employees for criminal background checks. They were unable to provide evidence that CNA #1's fingerprints were screened or that his references were checked. They could not provide evidence that CNA #1 had received dementia training at any time during his employment at the facility.</p> <p>The DON reported that the facility did not maintain any files on the contracted agency nurses. She indicated that the contracted nursing agency was responsible for checking the credentials and licensure of nursing staff sent to the facility. She did not know if the contracted agency workers were fingerprinted and screened for a criminal background. The facility's contract with the agency was reviewed and it did not address the completion of criminal background checks, reference checks or staff training. The facility could not provide a policy and procedure that addressed how the facility ensured that</p>	F 224			

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F 224 483.13(c) STAFF TREATMENT OF RESIDENTS

This REQUIREMENT is not met as evidenced by: based on record review, policy review, review of the facility's investigation, staff and resident interviews, and observation, it was determined that the facility failed to follow the facility's abuse and neglect policy and procedure in order to ensure that 1 of 1 residents was not abused.

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**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Following the verbal report from the Resident to the Director of Nursing Services regarding the incident, the following actions were taken for the Resident:

1. The Director of Nursing Services interviewed the Resident to determine the extent of harm to the Resident from the incident.
2. The Director of Nursing Services ordered an immediate Care Plan update for the Resident.
3. The Resident was placed on 'alert charting' with twice daily monitoring of vital signs.
4. The Director of Nursing Services offered the Resident the opportunity for an x-ray, but the Resident refused.
5. The Resident was questioned regarding pain and offered pain medication, if desired, but the Resident denied pain.
6. The Resident was assessed for Range of Motion; results were taken into consideration in Resident's Care Plan and Nursing Activities of Daily Living Program.
7. The Resident agreed to and received x-ray on November 1, 2006, with negative results.
8. The Resident received a Pharmacist evaluation of medications with no changes necessary in medications.
9. The Resident received Physician evaluation on November 6, 2006, in which no medical problems resulting from the incident were found.
10. The Director of Social Services and the Director of Nursing Services conducted a complete and thorough investigation of the incident, including statements from the Resident and Staff involved. (A copy of the Investigation is attached.)

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**How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

All Residents at Berryman Rehabilitation Center have the potential to be affected by the deficient practice represented by this incident that involved Resident #1. Corrective action to be taken will include the following:

1. Ensure that all Staff of Berryman Rehabilitation Center receive the required screening and background investigations, including the submission of fingerprints.
2. Ensure that all Staff of Berryman Rehabilitation Center are checked for professional references, prior to hiring.
3. Ensure that all newly hired Staff at Berryman Rehabilitation Center are oriented of the facility's policy on Abuse, the serious consequences of abuse, provided with a copy of the facility's Abuse policy and the tools used for reporting abuse, and provided with instructions on identifying abuse and identifying Residents who are subjected to abuse.
4. Employees will be required to attend the mandatory Dementia Training Program within thirty (30) days of hire.
5. Contract Agency Staff will be required to provide verification that their Agency has conducted a Background Investigation, including Fingerprint Criminal Background Check Results on each person prior to their starting work at Berryman Rehabilitation Center.
6. Contract Agency Staff will be required to complete the mandatory Dementia Training Program within thirty (30) days of their initial contracted start date for work at Berryman Rehabilitation Center.

**What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?**

Based upon the results of the investigation of this incident by the Staff and Administrator of Berryman Rehabilitation Center, the following issues were identified:

1. C.N.A. #1 was a re-hire, having worked at Berryman Rehabilitation Center approximately one (1) year earlier. The Human Resources Staff responsible for processing C.N.A. #1, relied upon the policy, established by the previous owner, that allowed re-hired employees to begin work immediately, if pre-employment procedures had been completed during their previous employment period. It was believed that because C.N.A. #1 was a re-hire, background investigations and fingerprinting had already been completed. C.N.A. #1 was hired only a few days after the change of ownership and before the current Administration had managed to clarify their policy requiring all re-hired employees to complete their background investigations and reference checks prior to starting work at Berryman Rehabilitation Center.

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A systemic change was made that requires all new and re-hired employees to be processed through the Human Resources Department, including references and fingerprinting to be completed and specific approval given from Administration before employees may begin work at Berryman Rehabilitation Center. The *Employee Hiring Policy* is attached and is in effect immediately to prevent an employee from starting work without being processed.

2. It was found that C.N.A. #1 had worked at Berryman Rehabilitation Center for more than thirty (30) days, without having the required Dementia Training. Human Resources Staff responsible for processing C.N.A. #1, relied upon the policy, established by the previous owner that allowed re-hired employees to begin work immediately, on the belief that because C.N.A. #1 was a re-hire, the required Dementia Training had already been completed. C.N.A. #1 was hired only a few days after the change of ownership and before the current Administration had managed to clarify their policy requiring all re-hired employees to complete the required Dementia Training within thirty (30) days of starting work at Berryman Rehabilitation Center.

By processing the new and re-hired Staff through the standard Human Resources Hiring process, new and rehired employees will be identified to either have met the requirement for Dementia Training or be scheduled for Dementia Training within thirty (30) days of starting work.

Berryman Rehabilitation Center has recently hired a full-time Director of Education Services that will be responsible for conducting Dementia Training Programs on a routine basis to ensure that all employees receive their required training.

3. C.N.A. #2 and L.P.N. #1 were both contract staff Nurses provided by MSN Medical Staffing Network. Berryman Rehabilitation Center relied upon MSN to conduct the background investigations for the identified licensed Nursing Staff.

In fact, MSN did complete reference checks and fingerprint background investigations on both C.N.A. #2 and L.P.N. #1. Copies of MSN's *Field Employee Orientation/Audit Checklist*, for both C.N.A. #2 and L.P.N. #1 are attached.

In order to ensure that all contract agency Nursing Staff have complied with the required reference and background investigation checks, including fingerprinting, Berryman Rehabilitation Center will require that MSN provide copies of verification of reference and background investigation checks, including fingerprinting for every contract employee sent to Berryman Rehabilitation Center, prior to their beginning work.

Berryman Rehabilitation Center will require that the Nurse Staffing Coordinator prepare a hard-copy file on every contract Nurse and C.N.A. that will include a copy of the Agency's verification of the required reference and background investigation checks, including Fingerprint Criminal Background

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Check Results. This file will be prepared prior to any contract Nurse starting work at Berryman Rehabilitation Center.

4. Contract Nursing Staff are given comprehensive training on specific areas of Patient Care as a requirement of MSN. MSN has no specific requirement that MSN Staff complete a training program for Dementia; however, Berryman Rehabilitation Center will consider MSN Contract Staff to be in the same category as facility Staff in that Dementia Training **will be required** before MSN Staff Members complete thirty (30) days of work at Berryman Rehabilitation Center.
5. Berryman Rehabilitation Center's policy on *Abuse, Neglect, and Misappropriation of Property* has been revised to include the provision that Agencies providing Contract Nursing Staff to Berryman Rehabilitation Center include hard copies of verification of reference and background investigation checks, including Fingerprint Criminal Background Check Results for every contract employee sent to Berryman Rehabilitation Center, prior to their beginning work.
6. The Administrator of Berryman Rehabilitation Center met with Staff to review and confirm that all suspected abuse, neglect, and/or misappropriation of property must be reported to law enforcement agencies in accordance with State and Federal Law.

**How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change(s)?**

The Director of Nursing Services will be responsible for ensuring the deficient practice is being corrected and will not recur and that all new hires and re-hires receive approval from Administration prior to starting work.

The Director of Nursing Services will oversee and monitor Contract Agency Nursing Staff, to ensure that all Contract Agency Nursing Staff have complied with the required reference and background investigation checks, including Fingerprint Criminal Background Check Results. The Director of Nursing Services shall require that MSN provide hard copy verification of reference and background investigation checks, including Fingerprint Criminal Background Check Results for every contracted Nurse and C.N.A. prior to their beginning work at Berryman Rehabilitation Center.

The Director of Nursing Services will also ensure that all Contract Staff and all newly hired or re-hired Employees attend the mandatory Dementia Training Program within thirty (30) days of beginning work at Berryman Rehabilitation Center.

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**Dates when corrective action will be (was) completed?**

October 26, 2006	Completed Incident Report Resident Interviewed, Assessed, and Care Planned
November 30, 2006	Meeting with Staff to review Abuse Policy and Procedures for Reporting to Police and Other Agencies
December 1, 2006	Revision of Abuse Policy to include Contract Agency Nursing Staff  Revision of Employee Hiring Policy on New hires and Re-hires

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F 224	Continued From page 7 agency nurses were screened for criminal histories or histories of abuse.  The administrator and the DON were asked if the incident was reported to the police. They reported that they did not know that a police report was required. The facility's abuse policy indicated that within five working days of the incident the facility would report to all appropriate law enforcement agencies in accordance with State and Federal Law and the Medicare Conditions of Participation.	F 224			
F 226 SS=D	483.13(c) STAFF TREATMENT OF RESIDENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by:  Based on contract review and staff interview, it was determined that the facility failed to develop an abuse and neglect policy and procedure addressing the screening and training of contracted nursing agency employees.  Findings include:  Resident #1: The resident was admitted to the facility on 11/22/05, with diagnoses including chronic obstructive pulmonary disease, hypertension and aortic stenosis. On 10/26/06, the resident reported that a male certified nursing assistant (CNA) had forcibly changed her incontinence pad against her will. The resident reported that the CNA held her arms down and	F 226		12/1/06 Be	

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PRINTED: 11/20/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2006</b>
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F 226	<p>Continued From page 8</p> <p>turned her and caused her leg go into the side rail causing knee pain. She reported that a female CNA was present in her room during the change.</p> <p>On 11/8/06, at 8:55 AM, the Director of Nurses (DON) was interviewed. She reported that the female CNA (#2) who was in the room during the forcible pad change was from a contracted nursing agency. She also reported that the Licensed Practical Nurse (LPN #1) in charge of the resident's unit at the time of the incident was from the same contracted nursing staff agency.</p> <p>The DON was asked for the names of the nursing agency workers involved in the incident. She was unable to identify the last name of either contracted employee. Review of the nursing staff assignment sheet for 10/26/06, the day of the incident, revealed that agency staff were identified by only their first name.</p> <p>The DON indicated that the facility had no files and kept no information on any of the agency nursing staff. She indicated that the contracted nursing agency was responsible for any background checks, reference checks, verification of licensure and certification or training. She was not sure if agency nursing staff employees were fingerprinted and screened for a criminal background. She did not know if the agency nursing staff received dementia or abuse and neglect training.</p> <p>On 11/8/06, the DON provided a copy of the agreement between the facility and the agency. The agreement was reviewed and did not contain evidence that fingerprinting for criminal background checks was being conducted. There was no facility policy or procedure addressing the</p>	F 226			

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F 226 483.13(c) STAFF TREATMENT OF RESIDENTS

This REQUIREMENT is not met as evidenced by: based on contract review and staff interview, it was determined that the facility failed to develop an abuse and neglect policy and procedure addressing the screening and training of contracted Nursing Agency Employees.

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**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Following the verbal report from the Resident to the Director of Nursing Services regarding the incident, the following actions were taken for the Resident:

1. The Director of Nursing Services interviewed the Resident to determine the extent of harm to the Resident from the incident.
2. The Director of Nursing Services ordered an immediate Care Plan update for the Resident.
3. The Resident was placed on 'alert charting' with twice daily monitoring of vital signs.
4. The Director of Nursing Services offered the Resident the opportunity for an x-ray, but the Resident refused.
5. The Resident was questioned regarding pain and offered pain medication, if desired, but the Resident denied pain.
6. The Resident was assessed for Range of Motion; results were taken into consideration in Resident's Care Plan and Nursing Activities of Daily Living Program.
7. The Resident agreed to and received x-ray on November 1, 2006, with negative results.
8. The Resident received a Pharmacist evaluation of medications with no changes necessary in medications.
9. The Resident received Physician evaluation on November 6, 2006, in which no medical problems resulting from the incident were found.
10. The Director of Social Services and the Director of Nursing Services conducted a complete and thorough investigation of the incident, including statements from the Resident and Staff involved. (A copy of the Investigation is attached.)

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**How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**

All Residents at Berryman Rehabilitation Center have the potential to be affected by the deficient practice represented by this incident that involved Resident #1. Corrective action to be taken will include the following:

1. Ensuring that all Staff of Berryman Rehabilitation Center receive the required screening and background investigations, including the submission of fingerprints.
2. Ensuring that all Staff of Berryman Rehabilitation Center are checked for professional references, prior to hiring.
3. Ensuring that all newly hired Staff at Berryman Rehabilitation Center are oriented of the facility's policy on Abuse, the serious consequences of abuse, provided with a copy of the facility's Abuse policy and the tools used for reporting abuse, and instructions on how to identify abuse and how to identify Residents who are subjected to abuse.
4. Requiring all newly hired and re-hired employees to attend the mandatory Dementia Training Program within thirty (30) days of hire.
5. Requiring all Contract Agency Staff to provide verification that their Agency has conducted a Background Investigation, including Fingerprint Criminal Background Check Results on each person prior to their starting work at Berryman Rehabilitation Center.
6. Requiring all Contract Agency Staff to complete the mandatory Dementia Training Program within thirty (30) days of their initial contracted start date for work at Berryman Rehabilitation Center.

**What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?**

Based upon the results of the investigation of this incident by the Staff and Administrator of Berryman Rehabilitation Center, the following issues were identified:

1. C.N.A. #2 and L.P.N. #1 were both contract staff Nurses provided by MSN Medical Staffing Network. Berryman Rehabilitation Center relied upon MSN to conduct the background investigations for the identified licensed Nursing Staff.

In fact, MSN did complete reference checks and fingerprint background investigations on both C.N.A. #2 and L.P.N. #1. Copies of MSN's *Field Employee Orientation/Audit Checklist*, for both C.N.A. #2 and L.P.N. #1 are attached.

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In order to ensure that all contract agency Nursing Staff have complied with the required reference and background investigation checks, including fingerprinting,



Berryman Rehabilitation Center will require that MSN provide copies of verification of reference and background investigation checks, **including Fingerprint Criminal Background Check Results**, for every contract employee sent to Berryman Rehabilitation Center, prior to their beginning work.

Berryman Rehabilitation Center will require that the Nurse Staffing Coordinator prepare a hard-copy file on every contract Nurse and C.N.A. that will include a copy of the Agency's verification of the required reference and background investigation checks, including Fingerprint Criminal Background Check Results. This file will be prepared prior to any contract Nurse starting work at Berryman Rehabilitation Center.

2. Contract Nursing Staff are given comprehensive training on specific areas of Patient Care as a requirement of MSN. MSN has no specific requirement that MSN Staff complete a training program for Dementia; however, Berryman Rehabilitation Center will consider MSN Contract Staff to be in the same category as facility Staff in that Dementia Training **will be required** before MSN Staff Members complete thirty (30) days of work at Berryman Rehabilitation Center.
3. Berryman Rehabilitation Center's policy on *Abuse, Neglect, and Misappropriation of Property* has been revised to include the provision that Agencies providing Contract Nursing Staff to Berryman Rehabilitation Center include hard copies of verification of reference and background investigation checks, including Fingerprint Criminal Background Check Results for every contract employee sent to Berryman Rehabilitation Center, prior to their beginning work.
4. The Administrator at Berryman Rehabilitation Center met with Staff to review and confirm that all suspected abuse, neglect, and/or misappropriation of property must be reported to law enforcement agencies in accordance with State and Federal Law.

**How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change(s)?**

The Director of Nursing Services will oversee and monitor Contract Agency Nursing Staff to ensure that all Contract Agency Nursing Staff have complied with the required reference and background investigation checks, including Fingerprint Criminal Background Check Results. The Director of Nursing Services shall require that MSN provide hard copy verification of reference and background investigation checks, including Fingerprint Criminal Background Check Results for every contracted Nurse and C.N.A. prior to their beginning work at Berryman Rehabilitation Center.

The Director of Nursing Services will also ensure that all Contract Staff attend the mandatory Dementia Training Program within thirty (30) days of beginning work at Berryman Rehabilitation Center.

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**Dates when corrective action will be (was) completed?**

October 26, 2006

Completed Incident Report  
Resident Interviewed, Assessed, and Care Planned

December 1, 2006

Revision of Abuse Policy to include Contract  
Agency Nursing Staff

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F 226	Continued From page 9 investigation of the past histories of agency staff or training requirements.  The administrator was interviewed on 11/8/06, and confirmed that no records or files were kept on contracted agency nursing staff used by the facility. He confirmed that there was no facility policy and procedure addressing the investigation of the histories of agency staff or training requirements.	F 226			
F 492 SS=D	483.75(b) ADMINISTRATION  The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.  This REQUIREMENT is not met as evidenced by:  Based on employee personnel file reviews and staff interviews, it was determined that the facility failed to fingerprint and screen new employees for a criminal background and failed to provide dementia training within 30 days of hire in accordance with Nevada State Law and Regulation.  Findings include:  CNA #1: On 11/8/06, the CNA's personnel files were reviewed. His first employment at the facility was from 7/1/05 to 8/31/05. The file contained two sets of fingerprints dated 7/1/05, however, no results of the criminal background checks were found. The file from his 9/5/06 to 11/3/06,	F 492		12/1/06 bc	

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F 492	<p>Continued From page 10</p> <p>employment revealed that no fingerprints were taken for criminal background screening. The administrator and director of nurses were unable to provide evidence that the employee's fingerprints were screened for a criminal history.</p> <p>The director of nurses (DON) reported that the facility did not maintain any files on the contracted agency nurses. She indicated that the contracted nursing agency was responsible for checking the credentials and licensure of nursing staff sent to the facility. She did not know if the contracted agency workers were fingerprinted and screened for a criminal background. The facility's contract with the agency was reviewed and did not address the completion of criminal background checks, reference checks or staff training. The facility could not provide a policy and procedure that addressed how the facility ensured that agency nurses were fingerprinted and screened for criminal histories.</p> <p>The Nevada Revised Statute (NRS) 449.179 (1) (c) (d), requires the following:</p> <p>1. "Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator or the independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for group homes shall:</p> <p>c. "Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of</p>	F 492			

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